)ivision of Corporations

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To: Division of Corporations Fax Number : (850)617-6383 From: ACCOUNT Name : CORPORATE CREATIONS INTERNATIONAL INC

Account Number : 110432003053 Phone : (561)694-8107 : (561)694-1639 Fax Number

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\$130.00

\*\*Enter the email address for this business entity to be used for fulture annual report mailings. Enter only one email address plcase.\*\*

Email Address:\_

Foreign Limited Liability Company 53 BLUE HOLDINGS MANAGEMENT, LLC Certificate of Status Certified Copy Page Count Estimated Charge

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OCT 1 0 2017

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. 53 BLUE HOLDINGS MANAGEMENT, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Lumited Liability Company," "L.L.C." or "L.L.C.") 2 DELAWARE (Juradiction under the law of which foreign limited limbility company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605,0905, F.S. to determine pointly liability) 6. 4949 SW 75TH AVE. 4949 SW 75TH AVE. (Mailing Address) (Street Address of Principal Office) MIAMI, FL 33155 MIAMI, FL 33155 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) ANTONIO L. MARTINEZ, ESQ. Name: 2600 S. DOUGLAS ROAD, SUITE 305 Office Address: , Florida 33134 MIAMI Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familian with and accept the obligations of my position as registered agents Jenisa irizarry, Special Secretary 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Title or Capacity: Name and Address: Title or Capacity; ROBERTO SURIS, JR. MANAGER 4949 SW 75TH AVE. MIAMI, FL 33155 (Use attachments if necessary) 9. Attached is a certificate of existence, no more than 90 days old, duly auther "cated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Signature of an authorized person

JENISA IRIZARRY, AS ATTORNEY-IN-FACT

Typed or printed name of signee

## <u>Delaware</u>

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "53 BLUE HOLDINGS MANAGEMENT, LLC" IS
DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS
OFFICE SHOW, AS OF THE FOURTH DAY OF OCTOBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "53 BLUE HOLDINGS MANAGEMENT, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF MARCH, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

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Date: 10-04-17